



EMPLOYMENT APPLICATION

POSITION(S) APPLIED FOR	DESIRED STATUS FULL TIME <input type="checkbox"/> PER-DIEM <input type="checkbox"/>	DATE OF APPLICATION
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HOW DID YOU LEARN ABOUT US?
ADVERTISEMENT EMPLOYMENT AGENCY FRIEND RELATIVE WALK-IN OTHER _____

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS	CITY	STATE ZIP CODE
TELEPHONE NUMBER(S)	SOCIAL SECURITY NUMBER	
ELECTRONIC MAIL (E-MAIL) ADDRESS		

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? YES NO

ARE YOU AT LEAST 21 YEARS OF AGE? YES NO

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? YES NO
IF YES, SPECIFY DATE(S) _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES NO
IF YES, SPECIFY DATE(S) _____

ARE YOU CURRENTLY EMPLOYED? YES NO
IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER?

ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE UNITED STATES? YES NO
(Proof of eligibility for employment under U.S. law will be required upon offer of employment)

DATE YOU WOULD BE AVAILABLE TO START _____
HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR FELONY WITHIN THE LAST 7 YEARS? YES NO
(Conviction will not necessarily disqualify an applicant from employment)

IF YES, PLEASE EXPLAIN: _____

HAVE YOU BEEN INVOLVED IN ANY TRAFFIC ACCIDENTS IN THE LAST 5 YEARS? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF ANY MOVING TRAFFIC VIOLATIONS IN THE LAST 5 YEARS? YES NO

IF YES, PLEASE EXPLAIN: _____

HAS YOUR HEALTHCARE PROVIDER LICENSURE/CERTIFICATION EVER BEEN SANCTIONED, REVOKED, OR RESTRICTED BY A GOVERNMENT OR EMS SYSTEM (I.E. REMAC) AUTHORITY? YES NO

IF YES, PLEASE PROVIDE DATES, REASON, TYPE OF SANCTION/RESTRICTION, AND CURRENT SANCTION STATUS (ATTACH OTHER SHEET IF NEEDED):

NOTICE:

Finger Lakes Ambulance is a Government contractor subject to the Equal Opportunity Clauses required by Executive Order 11246, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212 (formerly 2012), Section 503 of the Rehabilitation Act of 1973, as amended, Executive Order 13201, as amended, as their implementing regulations at 41 CFR Chapter 60 (41 CFR 60-1.4, 41 CFR 60-250.5, CFR 60-300.5 and 41 CFR 60-741.5 respectively) which requires Government contractors to take affirmative action and advance in employment qualified individuals with disabilities, protected veterans, and women and minority groups.

In order to foster compliance with affirmative action requirements, applicants are invited to complete the following section. Failure to answer the following questions **will not** affect the applicant's consideration for any position in any way.

Are you: MALE FEMALE

Your ethnicity/national origin: CAUCASIAN/WHITE BLACK HISPANIC ASIAN/PACIFIC NATIVE AMERICAN

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER (SPECIFY)				

CERTIFICATIONS

<i>Certification</i>	<i>Expiration</i>	<i>Certification</i>	<i>Expiration</i>
<input type="checkbox"/> NYS EMT Level:____ Cert No:_____		<input type="checkbox"/> Pediatric Advanced Life Support (PALS)	
<input type="checkbox"/> Critical Care Transport EMT-P (CCEMTP)		<input type="checkbox"/> International Trauma Life Support (ITLS)	
<input type="checkbox"/> Cardiopulmonary Resuscitation (CPR)		<input type="checkbox"/> FEMA NIMS (Specify):	
<input type="checkbox"/> Advanced Cardiac Life Support (ACLS)		<input type="checkbox"/> Other – Specify:	

ATTENTION VETERANS – INVITATION TO SELF-IDENTIFY:

Finger Lakes Ambulance is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended, (VEVRAA), which requires Government contractors to take affirmative action to employ and advance veterans in employment. VEVRAA prohibits discrimination and requires affirmative action in all personnel practices regarding protected veterans. The statute covers disabled veterans, Armed Forces service medal veterans, recently separated veterans, and other veterans who served during a war, or in a campaign or expedition for which a campaign badge has been authorized.

An invitation to veterans: If you are a recently separated veteran, other protected veteran, or Armed Forces service medal veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. The term “recently separated veteran” refers to any veteran during the three year period beginning on the date of such veteran’s discharge or release from active duty. The term “other protected veteran” refers to a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense. The term “Armed Forces service medal veteran” refers to any person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 FR 1209).

You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations;; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, as amended, may be informed.

A written copy of our Affirmative Action Program is available for inspection by any employee or applicant for employment, during normal business hours, in the Executive Director’s office. Interested persons should contact William Comella, Executive Director for assistance.

Please describe military service which you would like considered below.

ARMED FORCES BRANCH(ES)	DATES OF SERVICE	DISCHARGE DATE
CAMPAIGN/EXPEDITION/SERVICE MEDAL(S)		
DESCRIBE ANY JOB-RELATED TRAINING RECEIVED:		

EMPLOYMENT/WORK EXPERIENCE

Start with your present or most recent job. Include volunteer activities and job-related military assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

EMPLOYER		FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>		DATES EMPLOYED (FROM-TO)	
ADDRESS				TELEPHONE	
JOB TITLE		SUPERVISOR		REASON FOR LEAVING	
DESCRIBE WORK PERFORMED				STARTING SALARY	FINAL SALARY

EMPLOYER		FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>		DATES EMPLOYED (FROM-TO)	
ADDRESS				TELEPHONE	
JOB TITLE		SUPERVISOR		REASON FOR LEAVING	
DESCRIBE WORK PERFORMED				STARTING SALARY	FINAL SALARY

EMPLOYER		FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>		DATES EMPLOYED (FROM-TO)	
ADDRESS				TELEPHONE	
JOB TITLE		SUPERVISOR		REASON FOR LEAVING	
DESCRIBE WORK PERFORMED				STARTING SALARY	FINAL SALARY

EMPLOYER		FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>		DATES EMPLOYED (FROM-TO)	
ADDRESS				TELEPHONE	
JOB TITLE		SUPERVISOR		REASON FOR LEAVING	
DESCRIBE WORK PERFORMED				STARTING SALARY	FINAL SALARY

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD.

OTHER QUALIFICATIONS

SUMMARIZE SPECIAL, JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE (YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY, OR OTHER PROTECTED STATUS)

PROFESSIONAL REFERENCES

List three persons not related to you who can attest to your professional character.

NAME		HOW KNOWN
ADDRESS		TELEPHONE
NAME		HOW KNOWN
ADDRESS		TELEPHONE
NAME		HOW KNOWN
ADDRESS		TELEPHONE

JOB REQUIREMENTS DISCLOSURE

NOTE: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS FOR THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

FEDERAL DRIVERS PRIVACY PROTECTION ACT – AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORDS

For the sole purpose of determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal Regulations of compliance, I authorize Finger Lakes Ambulance and/or its insurance agents and providers to obtain and discuss my Motor Vehicle Record (MVR). I understand this record may contain personal information in addition to any/all driver violations and/or accidents which may be on record through the New York State Department of Motor Vehicles. In addition, should my application be accepted for employment and/or upon my becoming an employee of Finger Lakes Ambulance EMS, Inc., I further authorize any/all additional requests for my Motor Vehicle Record (MVR) to be submitted and reviewed as needed for the sole purpose of my continued evaluation and eligibility standards under the State and Federal regulatory compliance standards.

DRIVERS LICENSE NUMBER	ISSUED BY STATE	DATE OF BIRTH
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Applicant Signature

Date

APPLICANT STATEMENT

I certify that the information on this application and its supporting documents is accurate and complete.

I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment; or termination from employment if discovered at a later date. I authorize Finger Lakes Ambulance EMS, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment.

I understand this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Finger Lakes Ambulance EMS, Inc. serve at will and the employment relationship may be terminated at any time by either party, for any or no reason (except for reasons prohibited by law). If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I will be paid for hours worked only, and will be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand the first 90 days of employment represent an initial provisional period, during which I would not be eligible to apply for transfer or promotion, and during which I may be terminated.

Applicant Signature

Date